

Authorization Agreement for Pre-Authorized Payments Checklist

Please use the *Authorization and Agreement for Pre-Authorized Payments* form to make automatic regular weekly, biweekly, or monthly transfers from another Financial Institution to your DCU checking, savings, or loan account.

To speed processing of your request, please follow these steps...

1. Fill out the Authorization Agreement for Pre-Authorized Withdrawal form completely and sign it. Incomplete or unsigned forms will delay processing your request.

2. Send your form to DCU for processing in one of the following three ways:

- Fax your form to 508.804.3662
- Bring your form to any DCU branch office, or
- Mail your completed form to:

**Digital Federal Credit Union
Electronic Services Center
220 Donald Lynch Boulevard PO Box 9130
Marlborough, MA 01752**

What you can expect

If you fax your completed form to us, we'll process your request within 48 hours of receipt.

If you bring your completed form to a DCU branch, we'll process your request within 48 hours.

If you mail your completed form to us, allow 2 weeks for postal delivery and DCU processing.



220 Donald Lynch Blvd • PO Box 9130 • Marlborough, MA 01752-9130
508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

Authorization and Agreement For Pre-authorized Payments

DCU (Receiving Institution) Information

(Nine-digit) Routing Transit No.

2	1	1	3	9	1	8	2	5
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- New Request
 Change Request

Institution Name DIGITAL FEDERAL CREDIT UNION
Street Address 220 Donald Lynch Blvd.
City/State/ZIP Marlborough, MA 01752
Phone (including area code) 508.263.6700

DCU Member No. _____ Member Name _____

E-mail Address _____ Daytime Phone No. _____

Type of Deposit/Payment (allow three (3) business days for the first pre-authorized deposits to be made):

- Deposit to DCU Savings Account # _____
 Payment to DCU Loan # _____
 Deposit to DCU Checking Account # _____
 Payment to DCU Mortgage # _____

Frequency:

- Weekly - Choose Day of Week _____ * Monday- Friday (If holiday, next business day)
(Not available on mortgages and certain loans)
 Bi-Weekly - Choose Day of Week _____ * Monday- Friday (If holiday, next business day)
(Not available on mortgages and certain loans)
 Monthly- Choose Date of Month _____ * Monday- Friday (If weekend or holiday, next business day)

* I agree to make the funds available for withdrawal 24 hours prior to the day I have chosen. I understand if the funds are not available at this time I may incur a fee for overdrawing my account as disclosed in your Schedule of Fees and Service Charge.

I hereby authorize the initiation of a periodic deduction from my account at the financial institution named below through the Automated ClearingHouse (ACH) system, and authorize said institution to debit my account for the amount and at the frequency set forth above. I acknowledge that this request does not violate the provisions of United State law as it applies to ACH transactions I understand I have a right to stop this automatic payment by notifying either the institution named below or DCU, in writing, at least three (3) business days prior to the day my account is scheduled to be charged and that there may be a fee for that service. Further I agree that DCU will require written confirmation of an oral stop-payment order within fourteen (14) days. This will be a permanent stop payment on this preauthorized payment. I may however, establish a new preauthorized payment from the same financial institution or company in the future. I also authorize adjustment entries in the event of erroneous transactions on my account. I agree to hold DCU harmless for any expenses, including fees, incurred as a result of its inability to process a scheduled preauthorized withdrawal due to: my having supplied incorrect information; its having acted on a stop payment order; or, there being insufficient funds in the account I have indicated.

This authorization remains in full force and effect until Digital Federal Credit Union has received written notification from me of its termination and has had reasonable opportunity to act upon it.

Member Signature _____ Date _____

Debiting Financial Institution

It is advised that you acquire the following information directly from the debiting institution

Account No. _____ Checking or Savings

Amount (Include cents) \$ _____

(Nine-digit) Routing Transit No.

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Institution Name _____

Street Address _____

City/State/ZIP _____

Phone (include area code) _____

Account Title (Name) _____

***** Fax Completed form to 508.804.3630*****

INTERNAL USE ONLY	
Date Received ____/____/____	Processed by # _____
Date Processed ____/____/____	Start Date ____/____/____